

WASHINGTON STATE
WORK STUDY PROGRAM
TIME SHEET

Student Employee's Name (*Print*)

1. _____
Last First

2. _____ - _____ - _____
Student's Social Security Number

3. _____
Student's College/University

4. _____
Student's Job Title

5. **First Day Hours Were Worked:** ____ / ____ / ____
Month Day Year

6. **Last Day Hours Were Worked:** ____ / ____ / ____
Month Day Year

7. Record of Actual Hours Worked

01 _____	16 _____
02 _____	17 _____
03 _____	18 _____
04 _____	19 _____
05 _____	20 _____
06 _____	21 _____
07 _____	22 _____
08 _____	23 _____
09 _____	24 _____
10 _____	25 _____
11 _____	26 _____
12 _____	27 _____
13 _____	28 _____
14 _____	29 _____
15 _____	30 _____
	31 _____

8. **Total Hours Worked:** _____ . _____

"I hereby certify that this time sheet is a true and correct statement of hours worked by me and that I do have work study eligibility to cover my gross earnings."

9. _____
Student's Signature

10. _____
Date Signed (on or after last day worked)

ATTENTION EMPLOYERS

Type or complete in ink all items requested. Verify the information for accuracy. An incorrect or blank item may delay reimbursement.

This time sheet **MUST** be received by the student's college/university within 15 DAYS from the end of the current pay period or REIMBURSEMENT MAY BE DENIED.

Once the institution submits the time sheet to the Higher Education Coordinating Board, you should receive your reimbursement check within 3-6 weeks if no corrections are needed. At the end of the state's fiscal year, it may be 1 or 2 weeks longer.

11. Hourly Rate of Pay . . . \$ ____ . ____

12. Gross Compensation. . . \$ ____ . ____

13. FICA \$ ____ . ____

14. Other Deductions. . . . \$ ____ . ____

15. Net Earnings \$ ____ . ____

16. _____
Name of Employing Business or Organization (*Print*)

17. _____ - _____
Firm's Federal I.D. Number Suffix

"This time sheet is a true and correct statement of the time worked by this student. The student has completed the assignment satisfactorily, continues to have work study eligibility, and has been paid by check the amount of net earnings as shown. I hereby certify, UNDER PENALTY OF PERJURY under the laws of the State of Washington, that the foregoing is true and correct" (must be signed and dated on or after last day student worked).

18. _____
Supervisor's Signature

Print Supervisor's Name

19. _____
Date Signed (on or after last day worked)

20. Date Received by College/University _____

21. Received and Authorized by _____

22. Institution Code ____

23. Position Number ____

24. Reimbursement Rate: 65% ____ 50% ____ Other ____

INSTRUCTIONS FOR COMPLETING THE TIME SHEET

Students: Complete the left hand column of this form. For "First Day Hours Were Worked," enter the first day (month/day/year) in this pay period on which you worked. For "Last Day Hours Were Worked," enter the last day (month/day/year) in this pay period on which you worked. On the "Record of Actual Hours Worked," enter the appropriate number of hours worked on the line corresponding to the date that work was performed. At the end of the pay period, total up the "Total Hours Worked" and enter that figure on the designated line. **READ AND SIGN THE STATEMENT** regarding your certification of the hours reported and your continued eligibility for the work study program. Be sure to date the form on or after the last day worked. Give the form to your employer (supervisor).

Employers: After reading the notice in the upper portion of the right hand column of the form, type or print in ink the information regarding hourly pay rate, deductions, etc. Calculate the student's net earnings and enter that figure. **READ THE EMPLOYER'S CERTIFICATION STATEMENT** located in the middle of the right hand column, then sign, print your name, and date the form. Retain the pink copy and forward the yellow and white copies to the student's college or university for processing. **IMPORTANT: This form must be completed accurately. Any blank or incorrect items may delay your reimbursement check. Also, the form MUST be forwarded to the student's college or university within 15 days of the end of the pay period being reported OR REIMBURSEMENT MAY BE DENIED.**

College/University: Verify the information on the time sheet, and complete the bottom right hand portion of the form. Retain the yellow copy and forward the white time sheet directly to the HECB. Use the codes below for "Institution Code," **THE TIME SHEET MUST BE COMPLETED AND FORWARDED TO THE HECB AS SOON AS POSSIBLE so that the employer's reimbursement will not be delayed.**

INDEPENDENT COLLEGE AND UNIVERSITY CODES (HECB Codes Assigned)

Bastyr.....3090	Northwest College.....3130	Seattle University.....3170
Cornish Institute.....3100	Pacific Lutheran University.....3140	University of Puget Sound.....3190
Gonzaga University.....3120	St. Martin's College.....3150	Walla Walla College.....3200
Heritage College.....3110	Seattle Pacific University.....3160	Whitman College.....3210
		Whitworth College.....3220

EXAMPLE Washington State Work Study Time Sheet

1. Student Completes This Section

WASHINGTON STATE WORK STUDY PROGRAM TIME SHEET		
Student Employee's Name (Print)		
1. Last _____ First _____	ATTENTION EMPLOYERS Type or complete in ink all items requested. Verify the information for accuracy. An incorrect or blank item may delay reimbursement. This time sheet MUST be received by the student's college/university within 15 DAYS from the end of the current pay period or REIMBURSEMENT MAY BE DENIED. Once the institution submits the time sheet to the Higher Education Coordinating Board, you should receive your reimbursement check within 3-6 weeks if no corrections are needed. At the end of the state's fiscal year, it may be 1 or 2 weeks longer.	
2. Student's Social Security Number _____		
3. Student's College/University _____		
4. Student's Job Title _____		
5. First Day Hours Were Worked: ____/____/____ Month Day Year		
6. Last Day Hours Were Worked: ____/____/____ Month Day Year	11. Hourly Rate of Pay . . . \$ _____	
7. Record of Actual Hours Worked		12. Gross Compensation . . . \$ _____
01 _____ 16 _____		13. FICA . . . \$ _____
02 _____ 17 _____		14. Other Deductions . . . \$ _____
03 _____ 18 _____		15. Net Earnings . . . \$ _____
04 _____ 19 _____		16. _____
05 _____ 20 _____		Name of Employing Business or Organization (Print) _____
06 _____ 21 _____		17. _____
07 _____ 22 _____		Firm's Federal I.D. Number _____ Suffix _____
08 _____ 23 _____		"This time sheet is a true and correct statement of the time worked by this student. The student has completed the assignment satisfactorily, continues to have work study eligibility, and has been paid by check the amount of net earnings as shown. I hereby certify, UNDER PENALTY OF PERJURY under the laws of the State of Washington, that the foregoing is true and correct" (must be signed and dated on or after last day student worked).
09 _____ 24 _____		18. _____
10 _____ 25 _____		Supervisor's Signature _____
11 _____ 26 _____		Print Supervisor's Name _____
12 _____ 27 _____		19. _____
13 _____ 28 _____		Date Signed (on or after last day worked) _____
14 _____ 29 _____		20. Date Received by College/University _____
15 _____ 30 _____		21. Received and Authorized by _____
_____ 31 _____		22. Institution Code _____
8. Total Hours Worked: _____		23. Position Number _____
"I hereby certify that this time sheet is a true and correct statement of hours worked by me and that I do have work study eligibility to cover my gross earnings."		24. Reimbursement Rate: 65% _____ 50% _____ Other _____
9. Student's Signature _____		
10. Date Signed (on or after last day worked) _____		

HECB-9601 White and yellow copies to institution. Employer retain pink copy. (See instructions on reverse.)

2. Employer Completes This Section

In order to receive prompt reimbursement from the HECB, please ensure that the form is completed accurately and forwarded within the prescribed time period.

3. College/University Completes This Section

In order to expedite the employer's reimbursement, please process and forward the time sheet to the HECB as soon as possible.